

Cambridge Medical Group

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Overall summary

We carried out an announced comprehensive inspection at Cambridge Medical Group on 10 December 2018. We identified seven breaches of regulations and issued a warning notice. This focused inspection carried out on 29 May 2019 was an announced focused follow-up inspection, without ratings, to check whether the provider had taken steps to comply with the legal requirements for these breaches of:

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), Good governance

The full comprehensive report on the 10 December 2018 inspection can be found by selecting the 'all reports' link for Cambridge Medical Group on our website at www.cqc.org.uk.

This report covers our findings in relation to those requirements.

Our key findings were as follows:

Improvements had been made with respect to the provision of safe care and treatment, governance and staffing following our last inspection on 10 December 2018. For example:

- We found evidence of health and safety risk assessments, fire alarm checks, fire risk assessments and portable appliance testing.
- The provider encouraged reporting of incidents. This had increased the effectiveness of reporting, lessons learned and feedback to staff.

- The practice had robust systems in place for the recruitment of staff.
- The practice had carried out an infection prevention and control audit. There was evidence to show that staff had received training in infection prevention and control.
- The practice could demonstrate that all confidential information was stored securely.
- The practice could demonstrate that the learning from significant events had been shared with all staff.
- The practice had developed a patient participation group.

Following this inspection, the practice will remain in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Our inspection team

Our inspection team was led by a CQC inspector. The team included a second CQC Inspector and a GP specialist advisor.

Background to Cambridge Medical Group

As a response to some safety concerns raised with the Care Quality Commission, we undertook an announced inspection of Cambridge Medical Group on 10 December 2018. At that inspection we gave the provider an overall rating of 'inadequate'. The provider was found to be in breach of four regulations and was issued with a warning notice for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

This May 2019 inspection was a focussed follow-up inspection to assess the progress of actions against the warning notice.

Cambridge Medical Group is situated within the South Tees Clinical Commissioning Group (CCG) and provides services to around 6,607 patients under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Information published by Public Health England, rates the level of deprivation within the practice population group as four, on a scale of one to ten, one being the highest level of deprivation and therefore level four represents high levels of deprivation. Male life expectancy is 79 years which is the same as the national average of 79 years. Female life expectancy is 83 years which is the same as the national average.

The majority of patients at the practice are of white British background (88%). There are a slightly higher proportion of patients over 65 on the practice list compared with practices nationally. The previously awarded rating was on display in the practice and on the web site.

The practice's clinical team is led by three partners, two male and one female, who work part-time hours. There are a further two GPs who work part-time hours who are salaried. The practice has an advanced nurse practitioner, two practice nurses and three healthcare assistants. The practice has a practice manager, an office manager and a team of administration and reception staff.

The practice GPs do not provide an out-of-hours service to their own patients and patients are signposted to the local out-of-hours service via 111 when the surgery is closed and at weekends. In an emergency, patients are advised to ring 999 or attend the nearest accident and emergency department.

The provider is registered for the provision of the following regulated activities.

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice at Cambridge Medical Group is open from 8am to 8pm on Mondays, 7am to 6pm on Tuesdays, 7.30am to 6pm on Wednesdays and Thursday and 8am to 6pm on Fridays.

Are services safe?

We found that the provider had taken steps to address the concerns we identified at the previous inspection carried out in December 2018. For example:

- Safety systems and processes were now in place
- There was evidence of lessons learned or improvements made, and a system had been implemented.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

The practice had assured themselves of appropriate recruitment checks for all staff.

During the inspection on 10 December 2018 we looked at infection prevention and control. We were told by staff that there had been no infection control audits and we saw areas where infection prevention and control was required.

During this inspection we saw that staff had received training and initial infection control audits had taken place. The practice had identified a lead for IPC and they had completed e learning training.

Evidence of audits were seen, and action plans were in place.

Risks to patients

There were adequate systems to assess, monitor and manage all risks to patient safety.

Track record on safety

The practice had put systems in place to improve safety.

During the inspection in December 2018 there was no health and safety risk assessments, or fire risk assessments. There was also no evidence of fire drills.

During this inspection we found improvements had been made as detailed below;

Fire alarm checks documented weekly.

Fire drill recorded February 2019

Fire safety systems, alarms, detection, extinguishers all serviced March 2019.

Fire training for staff March 2019

Lessons learned and improvements made

The practice had set up systems to learn and make improvements when things went wrong.

At the inspection in May 2018 we found that the practice did not always learn and make improvements when things went wrong.

During this inspection we found improvements had been made.

- Staff understood their duty to raise concerns and report incidents and near misses.
- Systems for reviewing and investigating when things went wrong were operating effectively.
- The practice identified and shared learning. We saw evidence that themes from significant events were reviewed at practice meetings through minutes of meetings where they were discussed. Staff were able to access the minutes of the meetings on the shared computer drive.

During the inspection in December 2018 we looked at significant events and found that there was limited evidence of analysis or dissemination of learning to all staff. We were told that the practice had not been having regular significant event meetings.

- During this inspection we saw evidence that the practice now reported and recorded significant events and that they were a standing agenda item at practice meetings. We were told that all staff were encouraged to report significant events and saw evidence of 41 events reported since the last inspection in December 2018.

Are services effective?

Effective Staffing

At the last inspection in December 2018 there was not an up to date training record in place.

- At this inspection there was a comprehensive training record in place which showed all the training that had taken place and when the next training was due.

Consent to care and treatment

At the last inspection on 10 December 2018 the GP carrying out a procedure on a patient they did not always write directly in the patients notes.

- At this inspection when consent was required prior to a procedure being carried out. We saw evidence to show that consent was obtained, and the GP wrote into the patients notes at the time.

Are services well-led?

We found that the provider had taken steps to address the concerns we identified at the previous inspection carried out in December 2018. For example:

- The practice was developing effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Governance arrangements

Governance arrangements were improving.

- Staff were clear on their roles and accountabilities.
- During the inspection in December we looked to see how many meetings were held in the practice. We saw that some meetings were not taking place regularly.

During this inspection we saw evidence that the practice had started a programme of meetings. There were practice meetings, clinical meetings, administration team meetings and nurse meetings. We saw examples of minutes of clinical governance and practice improvement meetings on

3 April 2019, a nurse and GP development meeting on 12 February 2019 an administration meeting on 9 May 2019, and a clinical governance and complaints meeting on 23 January.

- Processes to identify learning from significant events had been implemented. They were discussed at practice meetings monthly.

Engagement with patients, the public, staff and external partners

The practice told us they had engaged with patients, the public, staff and external partners to support the delivery of services.

- Since the previous inspection in December 2018 the practice had developed a patient participation group. There had been two meetings held. The practice and the ppg were working together to produce a survey for patients to be used in August 2019.